

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1 ACCOUNT #** (Ethics Commission filers): **2 Total pages filed**

3 CANDIDATE / OFFICEHOLDER NAME
 MS / MRS / MR: FIRST: **NOE** MI: **E**
 NICKNAME: LAST: **GUERRA** SUFFIX: **JR.**

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS
 ADDRESS (PO BOX): APT. / SUITE #: CITY: STATE: ZIP CODE:
809 Taylor Rd FATHURBURG TX 78355
 Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
(361) 675-6152 / 361-325 5604 EX +240

6 CAMPAIGN TREASURER NAME
 MS / MRS / MR: FIRST: **NOE** MI:
 NICKNAME: LAST: **GUERRA** SUFFIX: **JR.**

7 CAMPAIGN TREASURER ADDRESS (Residence or business)
 STREET ADDRESS (NO PO BOX PLEASE): APT. / SUITE #: CITY: STATE: ZIP CODE:
809 Taylor Rd FATHURBURG TX 78355

8 CAMPAIGN TREASURER PHONE
 AREA CODE: PHONE NUMBER: EXTENSION:
(361) 675-6152

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (officeholder only)
 July 15 8th day before election Exceeded \$500 limit Final report (Attach C/OH - FR)

10 PERIOD COVERED
 Month: **8** Day: **1** Year: **09** THROUGH Month: **1** Day: **15** Year: **10**

11 ELECTION
 ELECTION DATE: Month: **3** Day: **2** Year: **2010**
 ELECTION TYPE: Primary Runoff General Special

12 OFFICE
 OFFICE HELD (if any): **District Clerk**

13 OFFICE SOUGHT (if known): **District Clerk**

14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER INDIVIDUALS
 ** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **
 Name:
 Address / PO Box: Apt. / Suite #: City: State: Zip Code:

additional pages

OFFICE USE ONLY

Date Received: **Filed For Record at 9:15 o'clock A.M.**

JAN 15 2010

Date Hand-off: Date Postmarked: **By: [Signature]**
 Elections Administrator, Brooks Co., Tx.

Receipt #: _____ Article: _____

Date Processed: _____

Date Imaged: _____

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Noe Guerra Jr. 16 ACCOUNT # (Ethics Commission Filers)

17 NOTICE FROM POLITICAL COMMITTEE(S)

-- This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. --

COMMITTEE TYPE: GENERAL SPECIFIC

COMMITTEE NAME: _____

COMMITTEE ADDRESS: _____

COMMITTEE CAMPAIGN TREASURER NAME: _____

COMMITTEE CAMPAIGN TREASURER ADDRESS: _____

additional pages

18 CONTRIBUTION TOTALS	1	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) UNLESS ITEMIZED	\$
	2	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1700.00
EXPENDITURE TOTALS	3	TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS UNLESS ITEMIZED	\$
	4	TOTAL POLITICAL EXPENDITURES	\$ 1543.00
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 157.00
OUTSTANDING LOAN TOTALS	6	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Election Code.



Noe Guerra Jr.
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP SEAL ABOVE

Sworn to and subscribed before me, by the said Noe Guerra Jr. this the 15th day of January, 2010, to certify which, witness my hand and seal of office

Annette Johnson Signature of officer administering oath
Annette Johnson Printed name of officer administering oath
Notary Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A	
2 FILER NAME NOE GUERRA, JR		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1-15-10	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Tom Kelly	7 Amount of contribution (\$) 200.00	8 In-kind contribution description (if applicable)
6 Contributor address, City, State, Zip Code 208 N CAMERON AVE, TX 78332		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 10-30-09	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# Lisa Barker, Coggan, Blair, Sampson LLP	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code P O Box 17423 Austin TX 78760		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-07-09	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# MARK WHITMORE	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code 1600 LEOPARD ST Corpus Christi, TX Suite 914 78473		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 12-11-09	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# CURTIS STORANE	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code SAN ANTONIO		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address, City, State, Zip Code		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F
2 FILER NAME NOE GUERRA, JR		3 ACCOUNT # (Ethics Commission files)
4 Date 1-15-10	5 Payee name SUNSET Graphics	7 Amount (\$) \$380.00
6 Payee address: City, State, Zip Code FALFURRIAS TX 78355		
8 Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 1-11-10	Payee name FALFURRIAS FACTS	Amount (\$) 105.00
Payee address: City, State, Zip Code FALFURRIAS, TX 78355		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-1-09	Payee name Democratic Party	Amount (\$) \$750.00
Payee address: City, State, Zip Code FALFURRIAS TX 78355		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 12-1-09	Payee name KPSO	Amount (\$) \$100.00
Payee address: City, State, Zip Code FALFURRIAS, TEXAS		
Purpose of payment (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**

SCHEDULE G

The Instruction Guide explains how to complete this form.		1 Total pages Schedule G
2 FILER NAME NOE CUERRA, JR		3 ACCOUNT # (Ethics Commission File)
4 Date 10-30-09	5 Payee name LEONIA GONZALEZ	8 Amount 136.00 169.00
6 Payee address, City, State, Zip Code FALMER TX		<input type="checkbox"/> Reimbursement from political contributions intended
7 Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name United States Post Office	Amount (\$) 44.00
Payee address, City, State, Zip Code FALMER TX		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) Stamps (If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		
Date	Payee name	Amount (\$)
Payee address, City, State, Zip Code		<input type="checkbox"/> Reimbursement from political contributions intended
Purpose of expenditure (See instructions regarding type of information required.) (If travel outside of Texas, complete Schedule T)		

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